

# Cultivating Children's Supports

DEPARTMENT OF HUMAN SERVICES,
DIVISION OF DEVELOPMENTAL DISABILITIES

\*\*\* ALL DATA CONTAINED IN THIS DOCUMENT WAS ANALYZED IN DECEMBER 2017 AND JANUARY 2018 \*\*\*



## Family Support

### Family Support Statewide

406 children

Age Range	Numbers of Participants
0-5 Years	122
6-16 Years	233
16-21 Years	51

#### Family Support 360

891 children

Age Range	Percentage of Participants	Numbers of Participants
0-3 Years	4.5%	53
4-15 Years	50.5%	592
16-17 Years	9.5%	111
18-20	11.5%	135

## Family Support

#### Family Support Statewide

Statewide is general funded, supports children on Statewide. Statewide provides some limited funding

- Incontinence Supplies
- Medication Copays
- Nutritional Supplements
- Adaptive Equipment
- Vehicle and House Modifications
- Recreation Activities, etc.

#### Family Support 360

32 programs throughout the state
Each county has coverage
Enhanced supports than statewide
Medicaid 1915(c) waiver (one of four in SD)



### Respite Care



#### What is Respite Care?

Respite Care gives families a break from caring for a child or adult with disabilities. Providers, chosen by the family, care for children or adults with special needs while families take a class, go to a movie or go on a vacation. Families can do anything they enjoy during respite sessions. These breaks allow families time to tend to the needs of their other family members, spouses and themselves.

#### Who is eligible?

Any family having a child or adult with:

- a developmental disability.
- developmental delay (birth to age 3),
- serious emotional disturbance.
- severe and persistent mental illness.
- · chronic medical condition (children),
- · a traumatic brain injury, or
- a child they have adopted,

may be considered for Respite Care.

The child or adult must be living in a family member's home. The family provides information indicating diagnosis and source of the diagnosis, or adoption status, to determine eligibility.

Each application will be reviewed by the Respite Care Program staff. Respite Care is available to qualifying families regardless of income.

#### How does it work?

For an eligible child or adult, a family may receive up to \$575 of Respite

Care services, with \$200 for each additional eligible family member, up to a maximum of \$975 per family, per year (June 1-May 31). The family selects a provider and uses the Request For Payment form to purchase Respite Care services. The provider receives reimbursement by submitting the Request For Payment form to the Department of Human Services Respite Care Program.

#### How do I apply?

Complete the attached application and return to the Respite Care Program. When the application is approved, you will receive a verification number, Request For Payment forms and additional information about the Respite Care Program.

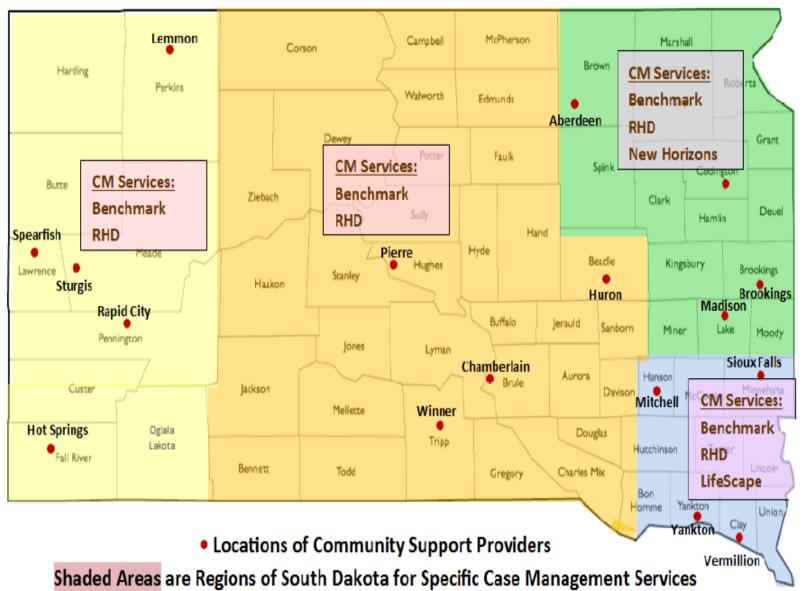


#### Learn more

Tel: (800) 265-9684

Web: dhs.sd.gov/dd/respite

### Map of Support Providers



## Conflict Free Case Management

Each participant receiving supports from a CSP is required to have a Conflict Free Case Manager. Conflict Case Management is not in place at the ICF level of care at this time.

#### **CFCM Providers:**

- Benchmark Human Services (statewide)
- LifeScape (southeast region)
- New Horizons (northeast region)
- Resources for Human Development (statewide)

## Shared Living

New line of service

Community Support Provider

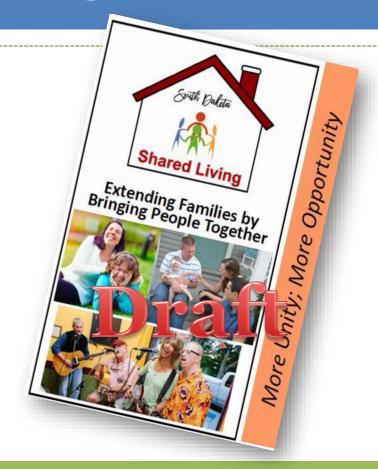
3 participants currently in

Transitional group home but

two soon to move to shared living

homes in the community

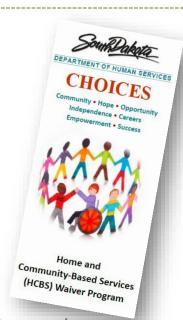




#### 20 CSPs in South Dakota

#### Three main supporters of children:

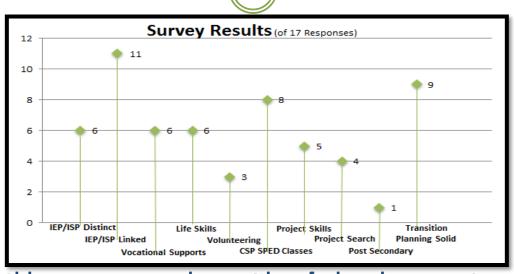
- Black Hills Special Services Co-Op (Sturgis)
- Southeastern Directions for Life (Sioux Falls)
- Volunteers of America West Dak (Sioux falls)
  - These providers have school settings
  - Ten other CSPs currently support children on CHOICES, CTS, or other funding



#### **HCBS** Choices

- 90 children receiving HCBS CHOICES through CSPs
- 65 children at those top three aforementioned CSPs

Providers	Numbers of Participants
ADVANCE- Brookings, SD	5
Aspire, Inc Aberdeen, SD	1
Black Hills Special Services Cooperative	36
Black Hills Works, Rapid City, SD	1
Dakota Milestones- Chamberlain, SD	3
Huron Area Center for Independence, Huron, SD	1
LifeQuest- Mitchell, SD	2
New Horizons- Watertown, SD	5
SESDAC- Vermillion, SD	3
LifeScape- Sioux Falls, SD	3
Southeastern Directions for Life	18
Valiant Living- Madison, SD	1
Volunteers of America- West Oak	11

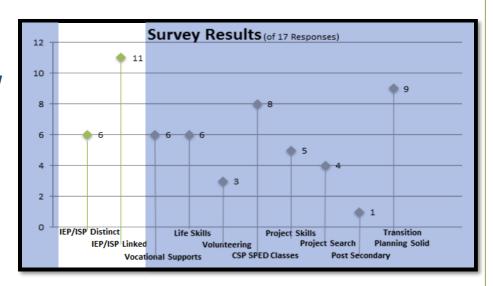


Information on children supported outside of the three main providers was sought. A survey was sent to CFCM's for the twenty-five children supported at other providers. A 68% response rate has been received by the due date but efforts are being made to receive the remaining responses as they are tied to each individual.

Individualized Support Plan & Individual Education Program

 A crosswalk is in the process of being developed between Dept. of Education and DDD.

More information will be shared when information is available related to any trainings or sharing of the guide.



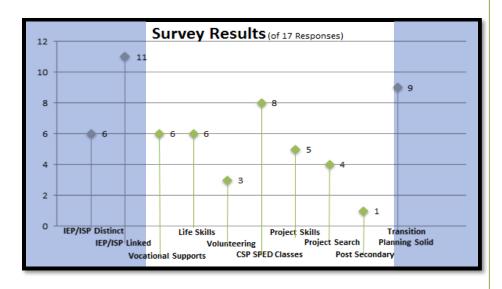
### Individualized Support Plan & Individual Education Program

	Case Managery	oort Provider and School District R Community Support Provider	School District
Point of Entry Point of Entry Point of Entry Point of Entry Presponsibilities differ when a participant transitions from an institutional setting (SDDC, nursing homes, HSC, etc.) Please refer to the SDDC manual for further instruction.  Rights	Submit Funding Request to DDD	Review participant applications for direct services as received from CM     Referral to CM organization in the event an applicant approaches a CSP first. CSP may provide a packet of information regarding CSP supports available as well as Case Management providers in the region     Follow internal CSP process for new advantagement from the region for the regio	IEP team identifies which services may benefit the student.     Invite a Resource Coordinator, Community Support Provider, or Family Support staff to learn about services and programs to the IEP meeting.     Identify Community Support Provider to provide services for a student.     Communicate with the CSP or Case Manager to determine steps necessary to secure services for the student (contractual between district and CSP or DDD waiver eligible with Case Manager to share eligible a with Case Manager to share on the student of the student for the s

#### **Daytime Activities**

- We wanted to learn how children are spending their days
- A variety of activities and supports were identified



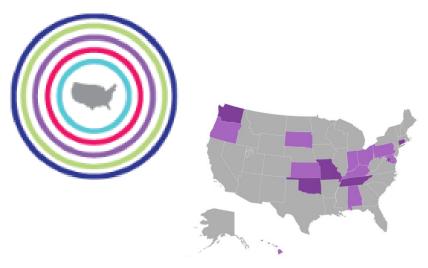


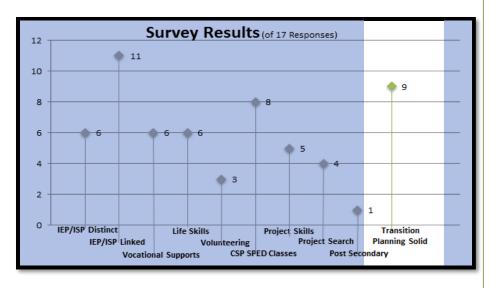
#### **Transition Planning**

Integral component of support planning

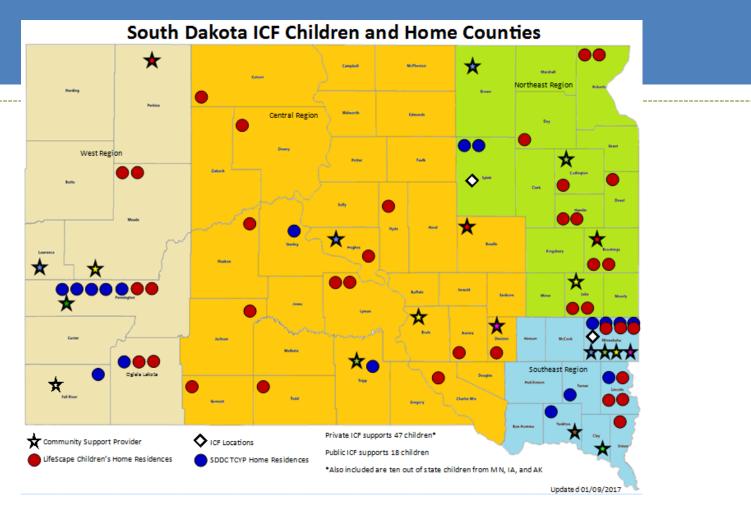
Just over half of the CFCMs expressed that children had a solid transition

plan shifting to adult supports





## ICF Map



# Private Intermediate Care Facility

#### LifeScape Children's Care

- · Offers residential and specialty school services
- This setting must provide active treatment and within 180 days of entry to the ICF, a transition plan to return to a least restrictive setting must occur.

#### Exclusionary factors which the provider has include:

- Sexual aggression
- · Chemical use/abuse
- Psychotic disorders/hallucinations/delusions
- Pervasive suicidal/homicidal ideation
- Fire setting

DDD is currently observing LifeScape's Admissions Process

## Private Intermediate Care Facility Data

#### LifeScape Children's Care

Age Ranges	Numbers of Participants
0-5 Years	2
6-17 Years	44
18-21 Years	14

The diagnoses of these children include Autism, ADHD, Blindness, Cerebral Palsy, Down Syndrome, Epilepsy and other seizure disorders, various levels of Intellectual ID/DD, Quadriplegia, and Traumatic Brain Injury.

Lengths of Stay	Numbers of Participants
7 Years	16
6 Years	5
5 Years	3
4 Years	8
3 Years	5
2 Years	9
1 Year	3
< 1 Year	11

The average length of stay for currently enrolled participants is 3.75 years.

# LifeScape Specialty Hospital and School

#### SPECIALTY SCHOOL SETTING

Day-only or residential students attend.

#### SPECIALTY HOSPITAL SETTING

Typically short-term.

DDD is not involved until children are nearing transition time.

## Aurora Plains Academy

#### Intends to develop a Private ICF Setting on the APA campus

- Six male openings
- Have chosen a focus on mid to late teen age
- Focusing on six participants with intensive behavior support needs
- Will attend the APA school setting on campus
- APA shares that while their setting may look correctional, they are thoroughly therapeutic
- Working with DDD, DOH, and SDDC on environmental and programmatic components
- Have shared plans to develop CHOICES supports near Sioux Falls for transitional supports in the future, though initially planned concurrently
- Anticipating fall opening

**AURORA PLAINS ACADEMY** 

## South Dakota Developmental Center

## Public Intermediate Care Facility (ICF) Turtle Creek Youth Program DDD Participates in SDDC Review Team

#### SDDC Review Team Items:

- Is further information required?
- Should alternative placement be pursued?
- 3. Does ICF have required supports available?
- 4. Is the person eligible for ICF/IID level of services?
- 5. Is the person in need of ICF/IID services at this time?
- 6. Would the person benefit from active treatment?

## South Dakota Developmental Center Data

Public Intermediate Care Facility (ICF) Turtle Creek Youth Program How to Apply

> The average length of stay for these children is 2.71 years. The barriers to discharge to a least restrictive setting include aggression, competency assessment, destruction, physical restraint, sexual issues, and

time out.

Age Ranges	Numbers of Participants
0-5 Years	0
6-17 Years	5
18-21 Years	13

## South Dakota Human Services Center

#### Adolescent Psychiatric Program

- Birch 2- supports patients 12-17, can support 15 children
- Oak 1- supports patients 12-17, can support 20 children
- Dak 2- supports patients 12-17, can support 12 children

Collaborate closely with HSC reps within DSS.

### State Review Team

#### DDD holds a seat on the State Review Team.

- Meets weekly as a recommendation/approval platform for children in need of supports from IRT/PRTF/ICF settings
- Most referrals are made from CPS, DOC, or HSC

### Children in South Dakota

Actively seeking data on children with ID/DD diagnoses in:

- Specialty Hospital or Skilled Nursing settings longer than 6 months
- Juvenile Detention Centers
- Tribal School Settings

DDD collaborates closely with Child Protection Services within DSS.

## Department of Education

#### DDD has had a series of meetings with DOE

- Information Sharing
  - Appeal or Dispute Resolution for families/guardians/children
  - Graduation process and timelines
- Real-Time Scenarios
- Developed a Guide
  - In draft form
  - Helps identify what information is needed to determine if a school district is responsible for the tuition and/or match
  - Flow chart on the document is in place to identify which school district is responsible
  - Document is at DOE and regulatory authority is being added to the document before it's finalized

# DDD Office of Community Living

#### **BUILDING CAPACITY**

SAMANTHA HYNES

#### CHILDREN'S SUPPORTS MANAGER

ASHLEY SCHLICHENMAYER-OKROI

CRISIS SUPPORTS

MEGAN NEWLING



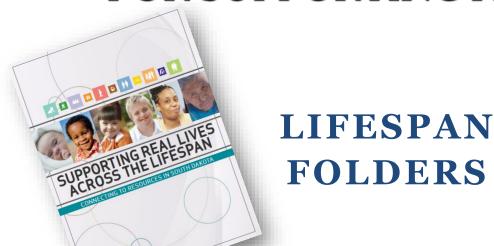
### Resource Coordination

Hope to enhance tracking of intakes through Resource Coordinators.

	$\overline{}$		
Western Area – Rapid City Office			Northeast Area – Brookings Office
2330 N. Maple Ave			601 4th Street
Suite 2	South	mkota	Suite 112
Rapid City, SD 57701			
Rapid City, SD 57701			Brookings, SD 57006
Dona Deal			Teri Bukowski
Resource Coordinator/			Resource Coordinator/
Program Specialist I			Program Specialist I
Program Specialist 1			Program Specialise 1
Phone: 605-394-2302	Division of Developr	mental Disabilities	Phone: 605-688-5103
Toll Free: 888-895-4502			<u>Toll Free:</u> 877-647-0024
Fax: 605-394-1659	Statewide Resource	ce Coordination	Fax: 605-688-5104
Email: Dona.Deal@state.sd.us	Statewide Nesourc	Coordination	Email: Teri.Bukowski@state.sd.us
Community Support Providers			Community Support Providers
Black Hills Special Services Cooperative,	Corner	Campbell McPherson Mandall Roberts	ASPIRE, Aberdeen, SD
Sturgis, SD	Harding Perkina	Walvorth Edmunds	ADVANCE, Brookings, SD
Northern Hills Training Center,	1 2 2 2	Day Grant	New Horizons, Watertown, SD
Spearfish, SD		Pomer Faulk Spink Clark Militarik	Center for Independence, Huron, SD
Black Hills Works, Rapid City, SD	Zichach	Suity Ramin Doubl	Southeast Area - Sioux Falls Office
IVE, Lemmon, SD	Mende Stanley	Higher State Frankry States	811 E. 10th Street.
Central Area - Pierre Office	Lavrenco <b>de</b> RapidCty SQLMON	Plarts	Dept 23
illsview Properties Plaza	Pennington	Lyman Jerauld Sanborn Miner Lake Moody	Sioux Falls, SD 57103-1650
ast Highway 34, c/o 500 East Capitol	Custer Acidem Mellerne	Aurora savison McCool Score Falls	310dx 1 alis, 3D 37 103-1030
ierre, SD 57501-5070		Torre Douglas Marchingen Turner	Julie Johnson Dresbach
ielle, 3D 37301-3070	Fall Rayer Sennett Todd	Geograpy Charleshith See	Resource Coordinator/
Chelsea Lolley		Shorms Tarken Clay Chico	Program Specialist I
Resource Coordinator/		46	Frogram Specialist 1
Program Specialist I		_	Phone: 605-367-5250
og. a opendine i	Western Area	Northeast Area	Toll Free: 888-510-9388
Phone: 605-773-3438	vvestern Area	Northeast Area	Fax: 605-367-5327
Toll Free: 800-265-9684			Email: Julie.Johnson@state.sd.us
Fax: 605-773-7562			
Email: Chelsea.Lolley@state.sd.us			Community Support Providers
	Central Area	Southeast Area	LifeScape, Sioux Falls, SD
Community Support Providers			VOA-Dakotas, Sioux Falls, SD
OAHE, Pierre, SD			DakotAbilities, Sioux Falls, SD
akota Milestones, Chamberlain, SD			SE Directions for Life, Sioux Falls, SD
Community Connections, Winner, SD			SESDAC, Vermillion, SD
onnications, trinici, ob			Ability Building Services, Yankton, SD
			ECCO, Madison, SD
			LifeQuest, Mitchell, SD
			Market Ma
			1/10

## Community of Practice

# SOUTH DAKOTA COMMUNITY © F PRACTICE FOR SUPPORTING FAMILIES



#### **ALL PEOPLE**



ALL people are considered in our vision, values, policies and practices for supporting people with intellectual and developmental disabilities.

In the past, conversations about supporting people with disabilities and their families mainly revolved around those who are known to the disability service system. We know that number is very small in relation to the actual number of individuals with disabilities in the United States and we want to make sure ALL families have access to and choices about the supports they need.

### FAMILY SYSTEM & CYCLES



People exist and have reciprocal roles within a family system, defined by that individual. Roles adjust as the individual members change and age.

In not-so-recent history, people with disabilities were sent off to institutions, separating them from their families and the communities in which they were born, because people were afraid of the stigma of disability. A whole generation of adults with disabilities was thus cut off from having family in their life. Now, our culture is beginning to embrace the idea that people with disabilities have skills, dreams, and feelings like everyone else and belong with their families.

### LIFE STAGES & TRAJECTORY



Individuals and families can focus on a specific life stage, with an awareness of how prior, current and future life stages and experiences impact and influence life trajectory. It is important to have a vision for a good, quality life, and have opportunities, experiences and support to move the life trajectory in a positive direction.

What happens to us early in our lives can have a significant impact on our quality of life and well-being in the future. It is important to help people have positive, healthy experiences, adequate support, and ample opportunities to learn and make mistakes so that they can have better outcomes later in life.

#### LIFE OUTCOMES



Individuals and families plan for present and future life outcomes that take into account all facets of life and have life experiences that build selfdetermination, social capital, economic sufficiency and community inclusion.

We believe that there is more to supporting people with disabilities than just health and safety, which has been the main focus of services and supports for quite some time. Our conversations need to change to talk about life outcomes – Are they going to have a job? Who will love them? Who is going to be there for them when I can't?

#### LIFE DOMAINS



People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life.

Our lives as everyday citizens are complex and multi-faceted. What happens in one area of our life (say, in our jobs) affects another (our family or housing situation). It is important to recognize the interconnectedness of everyday life so we can work to make our whole lives as complete and fulfilling as possible.

#### THREE BUCKETS



Supports address all facets of life and adjust as roles and needs of all family members change.

The three strategies for supporting individuals and their families can be organized into three buckets: 1) discovery and navigation: having the information and tools you need to navigate life; 2) connecting and networking.

making connections with peers and resources to help you navigate; and 3) goods and services: the tangible items you buy and use and the public and private organizations in your community that you access for support.

### SUPPORTS



Individuals and families occess an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone; relationship-based Supports, technology, and that take into account the assets and strengths of the individual and family.

In the past, conversations about supporting people with disabilities and their families mainly revolved around the supports offered by the disability service system. We are trying to help families as well as organizations and policymakers understand that we ALL access a variety of supports to make it through our daily lives.

#### **POLICY & SYSTEMS**



Individuals and families are truly involved in policy making so that they influence planning, policy, implementation, evaluation and revision of the practices that offect them. Every program, organization, system and policymaker must always think about a person in the context of family.

Without the input and feedback from the people that access them, the policies and practices that guide and regulate formal systems of support can actually hinder, not help families. This is why it is critical that the self-advocate and family voice is heard.

## Children's Supports Next Steps

- 1. Aurora Plains Academy
- 2. LifeScape exploring West river expansion for ICF or high intensity CHOICES
- 3. Information also being shared with Volunteers of America- West Oak
- 4. Revisions to Private ICF ARSD
- 5. Community of Practice
- 6. LTSS partnership to enhance respite with a list of providers
- 7. Continued Collaboration with national expert and state partners
- 8. Outreach

### Feedback!



### **Contact Information**

Ashley Schlichenmayer-Okroi, DHS-DDD-OCL Children's Supports Manager Community Services BA Ashley.schlichenmayerokroi@state.sd.us (605) 773-3438



